PTO/SB/22 (08-03)

AUU 2		F 10/36/22 (00-03)
PETITION OF PRADE TO SION OF	TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional) 021989-000710US
In re Application of George H. Lowell, et al.		
	Application Number 10/706,275	Filed November 13, 2003
	For VACCINE	
	Art Unit 1642	Examiner Not yet assigned
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):		
☐ One month (37 CFF	R 1.17(a)(1))	\$
☐ Two months (37 CF	FR 1.17(a)(2))	\$
☐ Three months (37 0	CFR 1.17(a)(3))	\$
Four months (37 Cl	FR 1.17(a)(4))	\$1480
☐ Five months (37 CF	FR 1.17(a)(5))	\$
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ .		
☐ A check in the amount of the fee is enclosed.		
Payment by credit card. Form PTO-2038 is attached.		
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.		
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.		
I have enclosed a duplicate copy of this sheet.		
I am the ☐ applicant/invent	or.	
	assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
attorney or agent of	attorney or agent of record Registration Number 29,684	
attorney or agent un	attorney or agent under 37 CFR 1.34(a).	
Registration number if acting under 37 CFR 1.34(a)		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
August 19, 2004	_ Ko	aren Babyat Sow
Date Signature Signature		
		Karen B. Dow, Reg. No. 29,684
		Typed or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
*Total of forms are submitted.		